

# Department of Commerce, Community, and Economic Development

ALCOHOL AND MARIJUANA CONTROL OFFICE 550 West 7th Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

#### **MEMORANDUM**

TO: Bob Klein, Chair, and Members of the

Alcoholic Beverage Control Board

DATE: February 19, 2019

FROM: Erika McConnell, Director RE: 196 Capitol Speedway

Requested

Transfer of ownership

Action:

**Statutory** AS 04.11.040(a): "A license issued under this title may not be transferred to another

**Authority:** person except with the written consent of the board.."

**Staff Rec.:** Approve with delegation

**Background:** This recreational site license is transferring from a sole proprietorship to ownership by a corporation. The license appears to meet the statutory requirements for a recreational site license.

Attachment: Transfer application

D'the hours of been Surved is

5.00 P. M. - 10 P. M. We run Sat evening
We open a hour before the July Po
Jun Races and Close when it is done

3the Start mid may thru Sept 15th

yes we
D'une Start mid may thru Sept 15th





Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

#### Alaska Alcoholic Beverage Control Board

### Form AB-01: Transfer License Application

#### What is this form?

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review **Title 04** of **Alaska Statutes** and **Chapter 304** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

4442	urrent licensee and licensed	establishment.		//444/		
Licensee:	wesley LU	UA LLaco	License #:	196	<b>S</b>	
License Type:	Recreation	na 1 Site	Statutory R			64, 11.
Doing Business As:	Capital S	peediva				
Premises Address:	mile 75.	5 parks				7.00
City:	WILLOW	State:	Alasm		ZIP:	9968
Local Governing Body	mat Su	Borough	2			
		3				
ansfer Type:						
Regular transfer						
Transfer with secu	rity interest					
Involuntary retran	sfer					
		OFFICE USE ONLY				
Complete Date:	1/24/19	Transe	action #:	950	4324	L
Board Meeting Date:	2/19/19	Licens	e Years:	171	18	
Issue Date:		BRE:		CA	0	
10.0						
		RECEIV				
ır <b>m AB-01]</b> (rev 10/10/2016		RECEIV				Page <b>1</b> of <b>7</b>
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## Form AB-01: Transfer License Application

Licensee:	ew applicant and/or location seeking				
Doing Business As:	CapitoL.	Speedway	THE		***
	Capitol S	speed wa	·	778	.09
Premises Address:	Mile 75,5	- Parks	+1004		
City:	Willow	State:	1/ac/ma	ZIP:	99658
Community Council:	Loillow	10.			
Mailing Address:	HC. 89 Ba	(130	34.4	~**	
City:	Willow	State:	Flaska	ZIP:	9968
Designated Licensee:	wesley wa	Llace			
Contact Phone:	495-6420	Business Phon	e:		
Contact Phone:  Contact Email:  Yes easonal License?	Owners @ Ca	pitol Sp	reedura	019	Sept
Contact Email:	No If "Yes", write you	r six-month operat	ing period: Apr	019	Sept
Contact Email:	Owners @ Ca	r six-month operat	ing period: Apr	019	Sept
Contact Email:  Yes easonal License?	No If "Yes", write you	r six-month operat	ing period: Apr	019	Sept
Contact Email:	No If "Yes", write you	r six-month operat	ing period: Apr	019	Sept
Contact Email:  Yes easonal License?  remises to be licensed is: an existing facility	No If "Yes", write you Section 3 – Pre	emises Inform	ing period: Apr	org	Sept
easonal License?  Yes  remises to be licensed is:  an existing facility  ne next two questions must	No  If "Yes", write you  Section 3 – Pre  a new building  st be completed by beverage dispenses	ar six-month operatemises Inform  a proposed builting	ing period: Apple ation		
easonal License?  Yes  easonal License?  an existing facility  ne next two questions must be distance of the d	No If "Yes", write you Section 3 – Pre	a proposed buil	ing period: Application  Iding  m) and package store the building of your package store the building store	ur proposed	
easonal License?  Yes  remises to be licensed is:  an existing facility  re next two questions must be distance of the distanc	No  If "Yes", write you  Section 3 – Pre  a new building  a new building  to be completed by beverage dispenses the shortest pedestrian route from the short	a proposed buil	ing period: Application  Iding  m) and package store the building of your package store the building store	ur proposed	
remises to be licensed is:  an existing facility  an ext two questions must be next two questions must be distance of the outer boundaries of	No  If "Yes", write you  Section 3 – Pre  a new building  a new building  to be completed by beverage dispenses the shortest pedestrian route from the short	a proposed build a prop	ing period: April ation  Iding  m) and package state the building of your answer.	ur proposed er.	I premises to

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	Section 4 – Sole Proprie	tor Own	ership Informatio	n	
If more space is needed, p	pleted by any <u>sole proprietor</u> who is a lease attach a separate sheet with the must be completed for each licensee a	e required info	ormation.	to Section 5.	
This individual is an:	applicant affiliate				
Name:			0.00		
Address:					
City:		State:		ZIP:	
Name:					
Name:					
Address:					
City:		State:		ZIP:	
If the applicant is a polying the stock in the corporation ownership interest of 1  If the applicant is a limit ownership interest of 1  If the applicant is a part	Section 5 – Entity Of the section 5 – Entity Of the section 5 – Entity Of the section and sease attach a separate sheet with the coration, the following information must on, and for each president, vice-presided liability organization, the following of more, and for each manager. Section of the section of	ration, limited d skip to Secti required infoust be complet sident, secretor g information hip, the following.	liability company (LLC), pa on 6. rmation. ted for each stockholder wh try, and managing officer. must be completed for eac	ho owns 10% o	or more of h an
Entity Official:	wasley wall	nce			
Title(s):	President	Phone:	495-6420	% Owned:	50%
Address:	410 89 Rx.				

[Form AB-01] (rev 10/10/2016)

City:



State:

Akska

ZIP:



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### Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

Entity Official:	rane, L	va Ll	ace						
Title(s):	Sec/to-	^	Phor	ne:	495-6	420	% Owr	ed:	57
Address:	H.C. 89	box 1=	30						
City:	Wi CLOD		State	e:	Alac 10	G	ZIP:	9	966
		420			, , , ,				- 7
Entity Official:									
Title(s):			Phon	ne:			% Own	ed:	
Address:			•			333 - CHIMIS - )			
City:			State	:	W. F. W.		ZIP:		
							- eue		
Entity Official:				11000-					
Title(s):			Phon	e:			% Own	ed:	
Address:									
City:			State	:			ZIP:		
his subsection must be comp tanding with the Alaska Divis slaska.	leted by any applicant ion of Corporations (D	OOC) and have	a registe	or LLC. ered ag	Corporations an	and LLCs a individual	re require resident d	d to be of the s	in good tate of
DOC Entity #:	47181 D	AK Formed	Date:	2.	-8-91	Home	State:	Ala	Stra
Registered Agent:	Nancy V	VAllace	2	Age	nt's Phone:	495	-64	20	
Agent's Mailing Address:	NC 89	box 13	U						
City:	Lillow	State:		M.	lasta	ZIP:	9685		
esidency of Agent:								Yes	No
Is your corporation or LL	C's registered agent ar	n individual res	ident of	the sta	te of Alaska?			K	



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Yes	No
P	[
in Alaska, wh	ich
Yes	No
	\$
	$\overline{}$
	Yes



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#### Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

#### **Section 8 - Transferor Certifications**

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

that I, as the current licensee (either the sole proprietor of	epresents a <b>controlling interest</b> of the current licensee. I additionally certify or the controlling interest of the currently licensed entity) have examined this nd the information on this application to be true, correct, and complete.
Western & Wallow	
Signature of transferor	
resley wallage	
Printed name of transferor	17
Subscribed and sw	worn to before me this 17 day of 0th 2018.
STATE OF ALASKA NOTARY PUBLIC Carrie Craig My Commission Expires with o	
	Notary Public in and for the State of
	My commission expires:
Signature of transferor	
Printed name of transferor	
Subscribed and sw	vorn to before me this day of
	Signature of Notary Public
	, , , , , , , , , , , , , , , , , , , ,
	Notary Public in and for the State of
	My commission expires:
	London Co. Lands D. Marie Co.
Forms AD 043 / 40 /40 /2045)	BECEIVED
Form AB-01] (rev 10/10/2016)	NOV 0 6 2018



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### Form AB-01: Transfer License Application

Section 9 – Tr	ransferee Certifications	
Read each line below, and then sign your initials in the b	pox to the right of each statement:	Initials
I certify that all proposed licensees (as defined in AS 04.1	1.260) and affiliates have been listed on this application.	nu
I certify that all proposed licensees have been listed with	the Division of Corporations.	ne
I certify that I understand that providing a false statement for rejection or denial of this application or revocation of	t on this form or any other form provided by AMCO is grounds any license issued.	hw
I certify that all licensees, agents, and employees who sell patron will complete an approved alcohol server educatio serving alcoholic beverages, will carry or have available to certifying completion of approved alcohol server educatio	or serve alcoholic beverages or check the identification of a on course, if required by AS 04.21.025, and, while selling or show a current course card or a photocopy of the card on course, if required by 3 AAC 304.465.	nw
I agree to provide all information required by the Alcoholi	c Beverage Control Board in support of this application.	70
As an applicant for a liquor license, I declare under penalty that this application, including all accompanying schedules	y of perjury that I have read and am familiar with AS 04 and 3 A/s and statements, is true, correct, and complete.	AC 304, and
Managuallace Signature of transferee		
Nancy WALLACE		100
Subscribed and sw	orn to before me this 17 day of 0	, 20 <u>18_</u> .
STATE OF ALASKA NOTARY PUBLIC Carrie Craig	Signature of I	Notary Public
My Commission Expires with office.	Notary Public in and for the State of	
	My commission expires:	1xce

NOV 0 6 2018

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#### Alaska Alcoholic Beverage Control Board

### Form AB-02: Premises Diagram

#### What is this form?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The second page of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

	Yes	No
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.		K
Section 1 - Establishment Information		

#### Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	CapitoL Speeding Inc	License Numb	per: 19	C
License Type:	Recreational Six	1000		6
Doing Business As:	Capital Speeding			
Premises Address:	mile 75.5 parks H	- w 4		***
City:	WD LLOW	State: A/o	Ske ZIP:	9960

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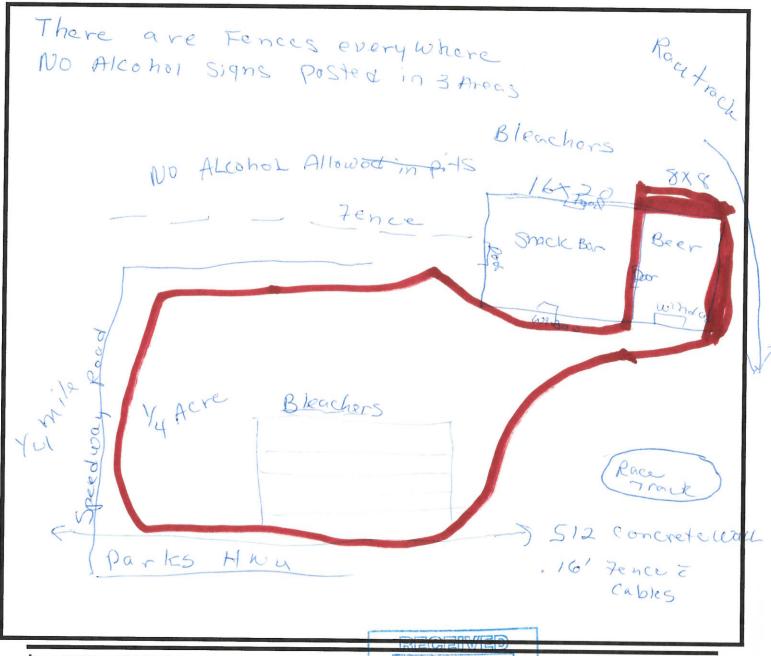
Phone: 907.269.0350

#### Alaska Alcoholic Beverage Control Board

### Form AB-02: Premises Diagram

#### Section 2 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



[Form AB-02] (rev 06/24/2016)

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